

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EMERALD CARE CENTER MIDWEST</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2900 PARKLAWN DRIVE MIDWEST CITY, OK 73110</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation and interview, it was determined the facility failed to ensure appropriate personal protective equipment was worn by staff during the provision of care to residents residing in two of two quarantine units whose COVID-19 status was unknown. The facility identified 12 residents who resided in the quarantine units of the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .HCP (health Care Provider) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents . On 06/16/20 at 8:20 a.m., the administrator and DON were asked who resided in the quarantine units. The administrator stated residents who were new admissions and residents who were receiving [MEDICAL TREATMENT]. They stated new admissions were kept in the quarantine units for 14 days after admission. They stated that [MEDICAL TREATMENT] residents were kept in the quarantine/restricted unit since they left the facility two to three times a week for [MEDICAL TREATMENT]. At 9:40 a.m., observations were made of the quarantine units in the facility. Staff were observed in the hallways of the units. Staff were observed to enter and exit resident rooms with surgical masks and gloves. No other PPE was observed to be worn by the staff. Staff was observed assisting residents in their rooms with direct care needs. Staff was observed to wear surgical masks and gloves when in direct contact with the residents. No other PPE was observed to be worn by the staff. At 10:20 a.m., LPN #1 was asked why the residents were in the quarantine unit. She stated because they were new admissions or went out for [MEDICAL TREATMENT] and had to be placed in the unit for two weeks. She was asked what PPE she wore when caring for residents. She stated a mask and gloves. She stated that all the staff and residents had tested negative for COVID and they did not need to wear any PPE except a mask and gloves. At 10:25 a.m., CNA #1 was asked why the residents in the quarantine unit. She stated because they were new admissions from the hospital or went out for [MEDICAL TREATMENT] and were in the unit for 14 days. She was asked what PPE she wore when caring for residents. She stated a mask and gloves. She was asked why she did not use an N-95 mask, gown, a face shield or goggles. She stated if a resident was on droplet precautions she would wear them but they did not have anyone on droplet precautions at this time. At 10:25 a.m., CNA #2 was asked why the residents in the restricted unit. She stated because they were new admissions from the hospital or were [MEDICAL TREATMENT] patients who had to leave the facility. She was asked what PPE she wore when caring for residents. She stated a mask and gloves. She stated if a resident had signs or symptoms of illness, she would notify the nurse and use additional PPE. At 10:40 a.m. the administrator and the DON were asked what PPE was worn by the staff who provided care to the residents in the quarantine units. The administrator stated the staff only wore masks and gloves in the quarantine units. The DON stated full PPE would only be used by the staff if residents were showing signs or symptoms of illness or were COVID-19 positive. The administrator and DON were asked why full PPE was not used in the quarantine unit if the COVID-19 status of the residents was unknown. The DON stated the [MEDICAL TREATMENT] residents were in the quarantine unit due to possible exposure. The newly admitted and readmitted residents were tested prior to discharge from the hospital and screened upon entry to the facility so their status was known. She was then asked why they were required to be quarantined. The DON stated to be monitored for signs and symptoms.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.